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Comments:						
rom: Joseph M. Noto	Date:	April 30, 2004	No. of Pag (including		200701	/1127
(NTERNATIONAL PHO	NE NUMBER	S MUST INCLUDE COUN	TRY & CITY COD	E. SEE LOCAL V	WHITE PAGES	FOR CODES NEEDED.
)						
) Examiner E. Therkom)	xaminer E. Therkorn		mark Office	(703) 872-9306		

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From: Joseph M. Noto	Date: April 30, 2004	No. of Pages: 10 (including this page)	Client/Matter: 200701/1127
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TRANSMITTAL		Application Number	10/658,008		
FORM		Filing Date	September 9, 2003		
(to be used for all correspondence after init	lal filing)	First Named Inventor	Zhang et al.		
		Group Art Unit	1723		
<u> </u>		Examiner Name	E. Therkorn		
Total Number of Pages in This Submission	7	Attorney Docket Number	200701/1127		
	ENCLOSU	RES (check all that apply)			
Fee Transmittal Form	_	ent Papers	After Allowance Communication to Group		
Fee Attached	1—	Application)	Appeal Communication to Board of Appeals and Interferences		
Amendment / Reply	☐ Drawing		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
After Final		ig-related Papers	Proprietary Information		
Affidavits/declaration(s)	Petition	- , - ,	Status Letter		
Extension of Time Request	Petition to Convert to a Provisional		Application Data Sheet Request for Corrected Filing Receipt with		
i c	Applica		Enclosures		
Express Abandonment Request Information Disclosure Statement	Power of Attorney, Revocation Change of Correspondence Address		A self-addressed, prepaid postcard for acknowledging receipt		
		al Disclaimer	Other Enclosure(s) (please identify below):		
Certified Copy of Priority Document(s)	Request for Refund		■ Copy of Assignment from Inventors Corso, Schultz, and Prosser to Advion		
Response to Missing Parts/ Incomplete Application		mber of CD(s)	BioSciences, Inc.		
A copy of the Notice to Missing Parts					
under 37 CFR 1.52 or 1.53		•			
	Remarks	जि			
÷		The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.			
SICNATI	DE OF APPI	LICANT, ATTORNEY,			
Firm Joseph M		Dichiti, Al Torribi,	OK AGENI		
	abody LLP				
	quare, P.O. B , New York				
Telephon	e: (585) 263·				
Fax: (585	263-1690		Registration No. 32,163		
Signature	1 h hor		registiation No. 32,163		
Date	4/30	/c+			
		G OR TRANSMISSIO	N [37 CFR 1.8(a)]		
I hereby certify that this correspondence					
			below with sufficient postage as first mmissioner for Patents, P. O. Box 1450,		
uransmitted by facsimile on the (703) 872-9306.	e date show	below to the United St	ates Patent and Trademark Office at		
april 30,2004		Ruth Resmith			
Date		Signature Ruth R. Smith			
Typed or printed name					

NIXON, PEABODY 10TH

FEE TRANSMITTAL **FOR FY 2004**

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT

	Complete if Known	-
Application Number	10/658,008	
Filing Date	September 9, 2003	
First Named Inventor	Zhang et al.	
Examiner Name	E. Therkorn	:
Art Unit	1723	
Attorney Docket No.	200701/1127	

METHOD OF PATMENT (Check all that apply)	1			r	EE CALCULATION (continued)	
Check C Credit Card Moncy C Other None	3. ADDITIONAL FEES					
Order Deposit Account:	Large Entity Small Entity		Eutity		1 1	
Deposit Account:	Fee	Fee				-
Account 14-1138	Code	(5)	Fee Code	Fee (\$)	Fee Description	
Number	1051	130	2051	65	Surcharge - late filing fee or oath	
	1052	50	2052	25	Surcharge - late provisional filing fee or cover	
Deposit	1057	170	1057		sheet	
Account Nixon Peabody LLP	1053	130	1053	130	Non-English specification	
Name	1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
The Commissioner is authorized to: (check all that apply)	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner	·
Charge fee(s) indicated below Credit any overpayments	1805	1.840*	1805	1,840*	Requesting publication of SIR after Examiner	
	1				sction	
	1251	110	2251	55	Extension for reply within first month	
Charge fec(s) indicated below, except for the filing fee	1252	420	2252	210	Extension for reply within second month	
to the above-identified deposit account.	1253	950	2253	475	Extension for reply within third month	
FEE CALCULATION	1254	1,480	2254	740	Extension for reply within fourth month	 1.
1. BASIC FILING FEE	1255	2,010	2255	1,005	Extension for reply within fifth month	
Large Entity Small Entity	1401	330	2401	165		
Fee Fee Fee Fee Description	1		l		Notice of Appeal	
Code (S) Code (S) Fee Paid	1402	330	2402	165	Filing a brief in support of an appeal	
- 	1403	290	2403	145	Request for oral hearing	
1001 770 2001 385 Utility filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1002 340 2002 170 Design filing fee	1452	110	2452	55	Petition to revive unavoidable	\dashv
1003 530 2003 265 Plant filing fee	1453	1,330	2453	665	Petition to revive - unintentional	
1004 770 2004 385 Reissue filing fee	1501	1,330	2501	663	Utility issue fee (or reissue)	
	1502	480	2502	240	Design issue fee	
1005 160 2005 80 Provisional filing fee	1503	640	2503	320	Plant issue fee	 ∦`
SUBTOTAL (1) (S) 0	1460	130	1460	130	Petitions to the Commissioner	<u>.</u>
SUBTUTAL (1) (S) 0			1 1700	UCI	remons to the Commissioner	
	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1806	180	1806	180	Submission of Information Disclosure Start	
Fee from Extra Claims below Fee Paid	8021	40	8021	40	Recording each patent assignment per property	
Total Claims below Fee Paid Total Claims	1809	770	2809	385	(times number of properties) Filing a submission after final rejection	
]	***	(37 CFR 1.129(s))	4.
Independent3** = X = O	1810	770	2810	385	For each additional invention to be examined	
Multiple Dependent X - 0	1801	770	2801	385	(37 CFR 1.129(b)) Request for Continued Examination (RCE)	
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Large Entity Small Entity	1802	900	1802	900	Request for expedited examination of a design	
Fee Fee Fee Fee Fee Fee Description Code (5) Code (5)	1		}		application	
**	Other	foc (specif	fy):Te	nninal Dis	claimer 55	
1202 18 2202 9 Claims in excess of 20	1					
1201 86 2201 43 Independent claims in excess of 3	*Pad		_دادح مثم	m Ear Defe	CURTOTAL IN AN AA	
1203 290 2203 145 Multiple dependent claim, if not paid	Kegu	- ⇔u dà b≱	es riii	g Fee Paid	SUBTOTAL (3) (5) 55	انــــــــــــــــــــــــــــــــــــ
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SUBTOTAL (2) (\$) 0	1	po Co	MUNICESIA MUNICESIA	oner for P	mail in an envelope addressed to: Mail Stop_ stents, P. O. Box 1450, Alexandria, VA 22313-1450	:
**or number previously paid, if greater, For Reissues, see above	I				nile on the date shown below to the United States Patent an	
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·					Ruth R. Smith	
					Typed or printed name	
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Infants NA Mara	Region	ration No	, 1	27 162	Complete (if applicable)	
		ey/Agen		32,163	Telephone (585) 263-1601	
Signature DE La. U.S.		_ A.			Date 4/30/04	
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